

|   |   |
|---|---|
| <b>Mobility Fund</b><br><b>Phase 1 - §54.1009 Annual Reporting</b><br><b>Data Collection Form</b> | FCC Form<br>Approved by OMB<br>OMB 3060-1185<br>Avg. Burden Estimate per Respondent: 18 Hours |
|---|---|

|   |                             |
|---|-----------------------------|
| <b>&lt;010&gt; Study Area Code</b>  | 618313                      |
| <b>&lt;015&gt; Study Area Name</b>  | Copper Valley Wireless, LLC |
| <b>&lt;020&gt; Program Year</b>   | 2019                        |
| <b>&lt;030&gt; Contact Name: Person USAC should contact with questions about this data</b>            | Laura Kompkoff              |
| <b>&lt;035&gt; Contact Telephone Number: Number of the person identified in data line &lt;030&gt;</b> | 9078357712 ext.             |
| <b>&lt;039&gt; Contact Email: Email of the person identified in data line &lt;030&gt;</b>             | lkompkoff@cvtc.org          |

**<040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ☐ ☒

**<041> Attach a description of the documents filed with the Form 481 reporting** <041>

**<042> Cite the Study Area Code (SAC) for the Form 481 reporting** <042>

**<080> Tribal Lands Reporting (y/n?)** (Does this study area cover tribal lands? Yes or No) <080> ☒ ☐

**Notice to Individuals Required by the Paperwork Reduction Act of 1995**

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

|       |   |                             |
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| <015> | Study Area Name   | Copper Valley Wireless, LLC |
| <020> | Program Year  | 2019                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Kompkoff              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9078357712 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvtc.org          |

**Reporting Carrier / Mobility Fund Phase 1 Winning Bidder**

|       |                             |                             |
|-------|-----------------------------|-----------------------------|
| <110> | FCC Registration Number     | 22505283                    |
| <111> | Filing Carrier Name         | Copper Valley Wireless, LLC |
| <112> | Winning Bidder Carrier Name | Copper Valley Wireless, LLC |
| <113> | Street Address (or PO Box)  | 329 Fairbanks Street        |
| <114> | City                        | Valdez                      |
| <115> | State                       | AK                          |
| <116> | Zip-Code                    | 99686                       |
| <117> | Telephone Number            | 9078357712 ext.             |
| <118> | Fax Number                  | 9078357899                  |
| <119> | Email Address               | lkompkoff@cvtc.org          |

**Contact Information**

if same as above, indicate in this box



|       |                                |                             |
|-------|--------------------------------|-----------------------------|
| <120> | Name (First, MI, Last, Suffix) | Laura Kompkoff              |
| <121> | Filing Carrier Name            | Copper Valley Wireless, LLC |
| <122> | Street Address (or PO Box)     | 329 Fairbanks Street        |
| <123> | City                           | Valdez                      |
| <124> | State                          | AK                          |
| <125> | Zip-Code                       | 99686                       |
| <126> | Telephone Number               | 9078357712 ext.             |
| <127> | Fax Number                     | 9078357899                  |
| <128> | Email Address                  | lkompkoff@cvtc.org          |

**Authorized Agent Information**

if no agent, indicate in this box



|       |                                |  |
|-------|--------------------------------|--|
| <130> | Name (First, MI, Last, Suffix) |  |
| <131> | Company                        |  |
| <132> | Street Address (or PO Box)     |  |
| <133> | City                           |  |
| <134> | State                          |  |
| <135> | Zip-Code                       |  |
| <136> | Telephone Number               |  |
| <137> | Fax Number                     |  |
| <138> | Email Address                  |  |

**(060) Coverage and Performance Report**

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 3 of 8

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 618313                      |
| <015> | Study Area Name   | Copper Valley Wireless, LLC |
| <020> | Program Year  | 2019                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Kompkoff              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9078357712 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvtc.org          |
| <140> | Coverage and Performance Report Year  | 01/2018 - 12/2018           |

Coverage and Performance attachments

--618313\_CPRd\_AK-1-1.zip

|       |       |        |              |                                      |  |  |                             |   |   |   |
|-------|-------|--------|--------------|--------------------------------------|--|--|-----------------------------|---|---|---|
| <141> | <a1>  | <a2>   | <a3>         | <b1>                                 | <b2>   | <b3>   | <c1>                        | <c2>                                      | <c3>                                      | <d>   |
|       | State | County | Census Block | Resident Population per Census Block | Resident Population Newly Reached by Service | Total Resident Population Reached by Service | Road Miles per Census Block | Road Miles per Census Block Newly Reached | Total Road Miles covered per Census Block | Certify that Coverage and Performance data is uploaded (Yes/no) |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              | -- See attached worksheet            |  |  |                             |   |   |   |
|       |       |        |              | --                                   |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |
|       |       |        |              |                                      |  |  |                             |   |   |   |

Percentage of Total  
Population Reached by  
Service

100

Percentage of Total  
Road Miles covered  
by Service

0

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 618313                      |
| <015> | Study Area Name   | Copper Valley Wireless, LLC |
| <020> | Program Year  | 2019                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Kompkoff              |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9078357712 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvtc.org          |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:**

| Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)   |                             |   |
|--|-----------------------------|---|
| I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.                       |                             |   |
| Name of Reporting Carrier:   | Copper Valley Wireless, LLC |   |
| Signature of Authorized Officer:   | CERTIFIED ONLINE            | Date 06/28/2019                           |
| Printed name of Authorized Officer:  | Laura Kompkoff              |   |
| Title or position of Authorized Officer:   | CFO                         |   |
| Telephone number of Authorized Officer:  | 9078357712 ext.             |   |
| Study Area Code of Reporting Carrier:  | 618313                      | Filing Due Date for this form: 07/01/2019 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |                             |   |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:**

| Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier   |                                |
|---|--------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                |
| Name of Authorized Agent:   |                                |
| Name of Reporting Carrier:  |                                |
| Signature of Authorized Officer or Employee:  | Date:                          |
| Printed name of Authorized Officer or Employee:   |                                |
| Title or position of Authorized Officer or Employee:  |                                |
| Telephone number of Authorized Officer or Employee:   |                                |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                                |

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

| Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier   |                                |
|--|--------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                |
| Name of Reporting Carrier:   |                                |
| Name of Authorized Agent Firm:   |                                |
| Signature of Authorized Agent or Employee of Agent:  | Date:                          |
| Name of Authorized Agent Employee:   |                                |
| Title or position of Authorized Agent or Employee of Agent   |                                |
| Telephone number of Authorized Agent or Employee of Agent:   |                                |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                |

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|-------|---|-----------------------------|
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvwc.org          |

<142> State AK

Valdez-Cordova

<143> County \_\_\_\_\_

Native Villages of Tazlina and Kluti-Kaah

<144> Tribal Land(s) on which ETC Serves \_\_\_\_\_

618313\_TLRa5\_AK.pdf

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

- <146> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <147> Feasibility and sustainability planning;
- <148> Marketing services in a culturally sensitive manner;
- <149> Compliance with Rights of way processes
- <150> Compliance with Land Use permitting requirements
- <151> Compliance with Facilities Siting rules
- <152> Compliance with Environmental Review processes
- <153> Compliance with Cultural Preservation review processes
- <154> Compliance with Tribal Business and Licensing requirements.

| Select<br>(Yes, No, Not Applicable) |
|-------------------------------------|
| Yes                                 |
| Yes                                 |
| Yes                                 |
| Yes                                 |
| Yes                                 |
| Yes                                 |
| Yes                                 |
| Yes                                 |
| Yes                                 |

|       |   |                             |
|-------|---|-----------------------------|
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvtc.org          |

&lt;200&gt; Date Authorized to Receive Support

12/19/2014

&lt;201&gt; Targeted Completion Date

12/19/2017

&lt;202&gt; Total Mobility Fund Support Awarded

27600.00

&lt;203&gt; Total Mobility Fund Support Disbursed

27600.00

&lt;210&gt; Actual Completion Date

06/24/2019

&lt;211&gt; Project Status Description (attached)

618313\_PSD\_AK.pdf

{Name of PDF attached}

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

&lt;212&gt; Status of Network Deployment - Network Design

✓

&lt;213&gt; Status of Network Deployment - Construction

✓

&lt;214&gt; Status of Network Deployment - Deployment

✓

&lt;215&gt; Status of Network Deployment - Maintenance

✓

&lt;216&gt; Project Budget Status

✓

&lt;217&gt; Project Plan Status

✓

&lt;218&gt; Network will Support 3G/4G Mobile Service ?

☐ 3G☒ 4G

|       |   |                             |
|-------|---|-----------------------------|
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvtc.org          |

**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:****Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients**

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Copper Valley Wireless, LLC

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/28/2019

Printed name of Authorized Officer: Laura Kompkoff

Title or position of Authorized Officer: CFO

Telephone number of Authorized Officer: 9078357712 ext.

Study Area Code of Reporting Carrier: 618313

Filing Due Date for this form: 07/01/2019

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

|       |   |                             |
|-------|---|-----------------------------|
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| <015> | Study Area Name   | Copper Valley Wireless, LLC |
| <020> | Program Year  | 2019                        |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Laura Kompkoff              |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvtc.org          |

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier  |                                      |
|---|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____   |                                      |
| Name of Reporting Carrier: _____  |                                      |
| Signature of Authorized Officer: _____  | Date: _____                          |
| Printed name of Authorized Officer: _____   |                                      |
| Title or position of Authorized Officer: _____  |                                      |
| Telephone number of Authorized Officer: _____   |                                      |
| Study Area Code of Reporting Carrier: _____   | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                                      |

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier   |                                      |
|---|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____  |                                      |
| Name of Authorized Agent Firm: _____  |                                      |
| Signature of Authorized Agent or Employee of Agent: _____   | Date: _____                          |
| Name of Authorized Agent Employee: _____  |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____   |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____  |                                      |
| Study Area Code of Reporting Carrier: _____   | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.  |                                      |



## Attachments

FCC Form 690  
Approved by OMB  
OMB Control No. 3060-1185

|       |   |                             |
|-------|---|-----------------------------|
| <010> | Study Area Code   | 618313                      |
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| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 9078357712 ext.             |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lkompkoff@cvtc.org          |
| <140> | Coverage and Performance Report Year  | 01/2018 - 12/2018           |

[illegible]

Percentage of  
Total Population  
Reached by  
Service

100

Percentage of Total  
Road Miles covered  
by Service

0

## **PROJECT STATUS DESCRIPTION**

### **Overall Project Plan**

Applicant is providing a 4G LTE network covering eleven (11) unserved Census Blocks it won in Auction 902. In particular, Applicant won the following Census Blocks:

1. AK-Ahtna-33, Block 022610001003008
2. AK-Ahtna-38, Block 022610001004072
3. AK-Ahtna-39, Block 022610001004074
4. AK-Ahtna-40, Block 022610001004078
5. AK-Ahtna-41, Block 022610001004079
6. AK-Ahtna-42, Block 022610001004083
7. AK-Ahtna-45, Block 022610001004097
8. AK-Ahtna-46, Block 022610001004099
9. AK-Ahtna-47, Block 022610001004100
10. AK-Ahtna-48, Block 022610001004105
11. AK-Ahtna-49, Block 022610001004141

Specifically, Applicant has installed three new 8-foot panel antennas and six feed lines on an existing tower at an existing cellular site on Willow Mountain and has installed an eNodeB base station in an existing communications building at the Willow Mountain site. Copper Valley also operates 3G CDMA voice and data base stations deployed in the Valdez-Cordova census area of Alaska.

### *Technology and Spectrum*

Copper Valley has deployed 4G LTE technology using its access to 700 MHz and cellular spectrum. As described in the Spectrum Access exhibit of this application, Copper Valley has access to 25 megahertz of spectrum in the Cellular B Block frequency band which covers a partitioned area of the Alaska 2 – Bethel Cellular Market Area (CMA316) consisting of the Valdez-Cordova census area of Alaska. Copper Valley operates on the following Cellular B Block frequencies in CMA316 under Call Sign: KNKQ401: 835-845 MHz paired with 880-890 MHz and 846.5-849 MHz paired with 891.5-894 MHz. Copper Valley is the licensee of Cellular license KNKQ401. Copper Valley has not expanded the Cellular Geographic Service Area of license KNKQ401 as part of its Tribal Mobility Fund buildout. Copper Valley is also the spectrum lessee of 22 megahertz of spectrum in the Upper 700 MHz C Block frequency band, which covers portions of the Alaska Regional Economic Area (REA007) comprising the Valdez-Cordova census area (CMA316). Copper Valley leases this spectrum from Cellco Partnership

d/b/a Verizon Wireless (Verizon Wireless) and operates under call sign WQJU651: 746 -757 paired with 776-787 MHz.

Copper Valley has been providing wireless service since 1996 and has extensive experience in wireless network design, implementation and operation. Copper Valley's internal engineering and operations staff is experienced and its competencies range from the design to the implementation and ultimately the operation of the described project. Copper Valley will also hire outside general contractors to augment its staff as needed.

### **Status of Network Deployment**

The Willow Mountain 4G LTE project was completed in its entirety as planned, before July 1, 2014. The actual commercial live date was June 23, 2014. Maintenance will be ongoing through the life of the system as described on FCC Form 680 for the project and excerpted here for reference.

#### *“Phase IV: Maintenance*

*Maintenance will be on a constant, recurring and demand basis, as follows:*

- *Constant maintenance is performed by network monitoring equipment to which the site is remotely connected. Key Performance Indicators are tracked 24 hours a day seven days a week. Deviation from normal will generate alarms.*
- *Recurring maintenance occurs regulatory on quarterly intervals when a technician is on site and remotely when required. Condition of the equipment is inspected and filters are cleaned if necessary. Software and firmware updates are performed remotely as they are available.*
- *Demand maintenance will occur only when a problem is encountered or an alarm is generated. The scope of such maintenance will vary depending on the situation and may be completed remotely or require a site visit. Maintenance spares are kept for all major components of the system (including radios, transport interfaces, power supplies and antennas) and are deployed in the event of a failure and restocked immediately.”*

**Project Budget****Budget by Phase**

| <b>Complete Project Budget</b>   | <b>Amount</b> |
|--|---------------|
|  |               |
| <b>Tribal Mobility Fund Phase I Support Awarded</b>                    | \$152,400.00  |
|  |               |
| <b>Phase I</b>   |               |
| Network Design<br>(includes RF design, Site Development and Equipment) | \$59,044.00   |
|  |               |
| <b>Phase II</b>  |               |
| Buildout   | \$50,882.00   |
|  |               |
| <b>Phase III</b>   |               |
| Site Deployment (includes turn-up and test)                            | \$38,187.00   |
|  |               |
|  |               |
| <b>Build-Out Total</b>   | \$148,113.00  |
|  |               |

## **Meeting Record: December 27, 2018, Kluti-KIaah Office – by phone**

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### **Copper Valley Telecom Present (Name/Title)**

- Steven Brockman, Revenue Assurance Administrator

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### **Tribal Organization Leadership Present (Name/ Title)**

- Kluti-Kaah Village staff member
  - William Hand, Tribal Administrator

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### **Introduction**

Steve provided an overview of the purpose of the meeting.

---

### **Discussion Points:**

#### **1. Needs Assessment & Deployment Planning**

William indicated there were no projects to discuss at this time

#### **2. Feasibility and sustainability Planning**

- We reviewed last year's Tribal Consult notes.
- During the consult, we discussed the current level of services and there were no issues raised.
- We discussed changing to the Lifeline program that CVT is implementing and they are very interested in how this will help members of the Tribe
- At close presented idea for scholarships for graduating seniors that get a scholarship from the Tribe. The idea is that CVT would provide a Smart Phone to the student to use during their first year away from home.

### **Marketing in a Culturally Sensitive Manner**

We discussed how to get Lifeline information to the Tribe and I will be providing flyers once they are created.

### **Rights of Way, Permitting**

No known issues with rights of way and permitting.

**Meeting Record: December 26, 2018**  
**Tazlina Traditional Council Office – by phone**

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**Copper Valley Telecom** Present (Name/Title)

- Steven Brockman, Revenue Assurance Administrator

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**Tribal Organization** Leadership Present (Name/ Title)

- Tazlina Traditional Council
- Heide Lingenfelter – Tribal Administrator

---

**Introduction**

After the introduction, Steve provided an overview of the purpose of the meeting.

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**Discussion Points:**

- **Needs Assessment & Deployment Planning**
  - Heide reported that there were no projects and the services they receive from CVT meet their needs.
- **Feasibility and sustainability Planning**
  - We reviewed last year's Tribal Consult notes.
  - During the consult, we discussed the current level of services and there were no issues raised.
  - We discussed changing to the Lifeline program that CVT is implementing and they are very interested in how this will help members of the Tribe
  - At close presented idea for scholarships for graduating seniors that get a scholarship from the Tribe. The idea is that CVT would provide a Smart Phone to the student to use during their first year away from home.
- **Marketing in a Culturally Sensitive Manner**
  - We discussed how to get Lifeline information to the Tribe and I will be providing flyers once they are created.
  - Heide informed me of a need for assistance in purchasing Catholic School land that has been passed on to Selah.
- **Rights of Way, Permitting**

No known issues.